

***Application for Certification as a  
Professional Appraiser  
Under IC 6-1.1-31.7***

FOR \_\_\_\_\_ COUNTY

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Personnel**

Total Staff: \_\_\_\_\_

Level II Assessors/Appraisers: \_\_\_\_\_

Designated Contract Supervisors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience**

Please give a narrative of involvement in past general reassessments; prior contracts; etc...  
Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Qualifications**

Specify any additional qualifications or benefits that can be provided:  
Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Existing Contractual Commitments**

Number of existing contracts entered with counties/townships in Indiana related to property assessment activities: # \_\_\_\_\_

Approximate number of anticipated contracts with counties/townships in Indiana related to property assessment activities: # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Submit application to:  
Department of Local Government Finance  
Attn: Barry Wood, Assessment Division Director  
100 N Senate Ave, IGC-North, Rm N1058  
Indianapolis, IN 46204  
Email: [bwood@dlgf.in.gov](mailto:bwood@dlgf.in.gov)  
FAX: (317) 232-8779**

---

**SECTION BELOW TO BE COMPLETED BY THE DEPARTMENT OF LOCAL GOVERNMENT FINANCE**

Certification Application Approved

Approval Effective: \_\_\_\_\_

Certification Application Denied:

Reason for Denial: \_\_\_\_\_

---

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE**

By: \_\_\_\_\_, Assessment Division Director